

## PLACE OF BIRTH

1. County of Graham  
 District of Jeffrey  
 Town of Prima  
 or  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 205  
 County Registrar No. 600  
 Local Registrar No. 558

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Arnold H. Nuttall { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth 4 7. Date of birth 2-18-1925  
 Month Day Year

8. Full name James H. Nuttall FATHER  
 9. Residence (Usual place of abode) Prima  
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Ariz  
 (State or country)

13. Occupation Mechanic  
 Nature of industry

14. Full maiden name Calice Ann Byers MOTHER  
 15. Residence (Usual place of abode) Prima  
 If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Arizona  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother { (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 29 m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. M. Nuttall (Physician or midwife)  
 Address Jeffrey

Given name added from a supplemental report  
 Month, day, year

Filed Mar 9, 1925 Hattie W. Scherck Local Registrar  
 Filed Mar 9, 1925 D. Scott Scherck County Registrar

Registrar

153-218-125

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.